

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2013
NAME OF PROVIDER OR SUPPLIER PICKETT CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 129 HILLCREST DRIVE BYRDSTOWN, TN 38549		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 205 SS-C	<p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide notice of bed hold policy for one resident (#59) and family member (#F1) of four family interviews conducted.</p> <p>The findings included:</p> <p>Resident #59 was admitted to the facility on July 10, 2012 with diagnoses including Pneumonia, Alzheimer's Disease, Depression, and Lung Disease.</p> <p>Medical record review of the Resident Transfer</p>	F 205	<p>Pickett County Care & Rehabilitation Center ("Facility") does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation, or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceedings. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its responses as part of its ongoing efforts to provide quality of care to residents.</p> <p>F 205 Corrective Actions for residents affected: Letters were written and mailed by and/or delivered by the Social Worker on 3/7/13 to those residents/family members as indicated on the 2567 with an attached copy of the facility bed-hold policy. The residents and responsible parties have been asked to return a signed copy of the bed hold form.</p>	3/15/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

3/8/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 205	<p>Continued From page 1</p> <p>form dated September 16, 2012, revealed the resident was sent to the hospital for elevated temperature, and an increased cough with production of yellow/green sputum.</p> <p>Medical record review revealed no documentation the family was informed of the bed hold policy.</p> <p>Interview with family member(#F1), on February 20, 2013 at 4:48 p.m., in the resident's room, revealed the family had not been notified of the facility policy permitting return to the facility and the bed hold policy.</p> <p>Interview with the Social Worker on February 22, 2013, at 1:28 p.m., in the social work office, confirmed no written notice was given to the residents for bed hold when discharged to the hospital. Further interview with the Social Worker on February 25, 2013, at 1:50 p.m., in the social work office, confirmed the "nurses are responsible for notifying the families, but there was not a written policy on this."</p>	F 205	<p>F205 Continued:</p> <p>Identification of residents with potential to be affected: All other current residents/responsible parties (on bed hold or in the facility) at present also received a copy of the aforementioned letter written by the Social Worker with attached bed-hold policy on 3/7/13. The residents and responsible parties have been asked to return a signed copy of the bed hold form.</p> <p>Measures to prevent recurrence: All licensed nurses were in-serviced by the DON and/or Staff Development Coordinator (SDC) on the bed-hold policy and procedures required to meet the standards for F-205 as mentioned in the 2567. In-services were completed on 2/26 and 2/28 with final training conducted on 3/15/13 by SDC for PRN licensed nurses. Also, upon transfer/discharge of a resident all residents will receive a copy of the bed hold policy with explanation and to secure a signature. If resident is unable to sign or understand, the discharging nurse will contact the responsible party explaining the bed hold policy. A follow-up letter will be mailed to the resident or family member the next business day by the BSW.</p> <p>Monitoring of Corrective Action: As a means of follow-up and Quality Assurance a chart review of compliance will be conducted by the Director of Nursing for all recent resident discharges during daily clinical meetings with corrections facilitated if needed. A tracking of achievement will be reviewed by the monthly QA committee for review, correction and/or continued compliance.</p>		